

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000107132**

1. Corporation Name

ADVANCE CONCRETE TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 161875
MIAMI FL 33116

P.O. BOX 161875
MIAMI FL 33116

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/03/2002

5. FEI Number

22-3875317

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GILBERT, CHARLES	P.O. BOX 161875	MIAMI FL 33116
V	GILBERT, NIKE	P.O. BOX 161875	MIAMI FL 33116
D	GILBERT, FOLASADE C	P.O. BOX 161875	MIAMI FL 33116
D	GILBERT, OLUSOLA S	P.O. BOX 161875	MIAMI FL 33116
D	GILBERT, AYODEJI S	P.O. BOX 161875	MIAMI FL 33116

8. Name and Address of Current Registered Agent

GILBERT, CHARLES
14881 S.W. 96TH TERRACE
MIAMI FL 33196

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

100024390641

Suite, Apt. #, Etc.

11/03/03--01108--010 **150.00

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S..

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/15/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature] CHARLES GILBERT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/03 954 5533804

Daytime Phone #

CH2E040 (7/03)

P.O. Box 161875
Miami, FL 33116
Phone: 954 553 3804
Fax: 305 383 9552

Advance Concrete Technologies, Inc.

October 17, 2003

Florida Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Re: Application for Reinstatement and Wavier of Reinstatement Fees

Dear Sir or Madam:

This is to inform you that we did not receive the two prior uniform business report (UBR) notices sent by your office. We are hereby applying for reinstatement and asking that the reinstatement fee be waived.

Enclosed is the application for reinstatement.

Thank you for your cooperation.

Sincerely,



Charles Gilbert
President